

## CLAIMS ONLY

Application Number

Applicant(s) 10/821, 954

Filing Date

Applicant(s)

CLAIMS	AS FILED 8/17/65		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1	1				
14		1				
15		1				
16		1				
17		1				
18		1				
19						
20						
21						
22						
23						
24		1				
25		1				
26		1				
27		1				
28	1	1				
29		1				
30	1	1				
31	1					
32						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	4					
Total Depend	8					
Total Claims	12					

\* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						